

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICESee instructions for information  
regarding public burden estimate.


## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a) 1</b>                              |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

|   |                        |   |  |
|---|------------------------|---|--|
| A. NUMBER AND STREET: (or other specific indication)<br><b>2039 Harlem Road</b> |                        | B. CITY:<br><b>Akron</b>  |  |
| C. COUNTY:<br><b>Summit</b>   | D. STATE:<br><b>OH</b> | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>41-03-08</b> N LONGITUDE: <b>81-35-18</b> W |  |

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO FT

|   |                                 |
|---|---------------------------------|
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>USA Mobile Comm.</b> | FOR COMMISSION USE ONLY<br>ASB: |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>CD</b>                       |                                 |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>KQA646</b>                       |                                 |

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **310** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

3. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **1115** FT16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **Scholar** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SW 2 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICEExpires 10/31/92  
See instructions for information  
regarding public burden estimate.

## FOR COMMISSION USE ONLY

| NUMBER:   |                        | SEND TO ASB: <input type="checkbox"/> YES <input type="checkbox"/> NO                                   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
|---|------------------------|---|---------------------------------|---------------------------------|--------------------------------|--------|----|--|--------------------------------|--|----|--|--|--|--|--|--|---|------------------------------|---------------------------------|---------------------------------|----|--|----|--|----|--|----|--|---|------------------------------|---------------------------------|---------------------------------|----|--|----|--|----|--|----|--|---|------------------------------|---------------------------------|---------------------------------|----|--|----|--|----|--|----|--|---|------------------------------|---------------------------------|---------------------------------|----|--|----|--|----|--|----|--|---|------------------------------|---------------------------------|---------------------------------|----|--|----|--|----|--|----|--|
| FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.   |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| <b>SECTION I-IDENTIFICATION INFORMATION</b>   |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |                        | 3. CALL SIGN: (If application refers to an existing Part 94 station)                                    |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
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|   |                        | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a)1</b>  |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 9B. <table border="1" style="width:100%"><thead><tr><th></th><th>PATH</th><th colspan="3">ACTION</th><th colspan="8">OLD VALUE OF KEY ITEMS CHANGED</th></tr></thead><tbody><tr><td rowspan="5"></td><td>A</td><td><input type="checkbox"/> ADD</td><td><input type="checkbox"/> CHANGE</td><td><input type="checkbox"/> DELETE</td><td>20</td><td></td><td>30</td><td></td><td>31</td><td></td><td>32</td><td></td></tr><tr><td>B</td><td><input type="checkbox"/> ADD</td><td><input type="checkbox"/> CHANGE</td><td><input type="checkbox"/> DELETE</td><td>20</td><td></td><td>30</td><td></td><td>31</td><td></td><td>32</td><td></td></tr><tr><td>C</td><td><input type="checkbox"/> ADD</td><td><input type="checkbox"/> CHANGE</td><td><input type="checkbox"/> DELETE</td><td>20</td><td></td><td>30</td><td></td><td>31</td><td></td><td>32</td><td></td></tr><tr><td>D</td><td><input type="checkbox"/> ADD</td><td><input type="checkbox"/> CHANGE</td><td><input type="checkbox"/> DELETE</td><td>20</td><td></td><td>30</td><td></td><td>31</td><td></td><td>32</td><td></td></tr><tr><td>E</td><td><input type="checkbox"/> ADD</td><td><input type="checkbox"/> CHANGE</td><td><input type="checkbox"/> DELETE</td><td>20</td><td></td><td>30</td><td></td><td>31</td><td></td><td>32</td><td></td></tr></tbody></table> |                        |   |                                 |                                 | PATH                           | ACTION |    |  | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |  |  |  |  |  | A | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20 |  | 30 |  | 31 |  | 32 |  | B | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20 |  | 30 |  | 31 |  | 32 |  | C | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20 |  | 30 |  | 31 |  | 32 |  | D | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20 |  | 30 |  | 31 |  | 32 |  | E | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20 |  | 30 |  | 31 |  | 32 |  |
|   | PATH                   | ACTION  |                                 |                                 | OLD VALUE OF KEY ITEMS CHANGED |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
|   | A                      | <input type="checkbox"/> ADD  | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20                             |        | 30 |  | 31                             |  | 32 |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
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|   | C                      | <input type="checkbox"/> ADD  | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20                             |        | 30 |  | 31                             |  | 32 |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
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| DESCRIBE ANY OTHER CHANGES:   |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| <b>SECTION II-ANTENNA INFORMATION</b>   |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:   |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| A. NUMBER AND STREET: (or other specific indication)<br><b>Cleveland&amp;County Line Rd</b>   |                        | B. CITY:<br><b>Wheeler</b>  |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| C. COUNTY:<br><b>Porter</b>   | D. STATE:<br><b>IN</b> | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>41-31-47</b> N LONGITUDE: <b>87-12-55</b> W |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
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| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>FT</b>  |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Steve Orban Truck.</b>   |                        | <b>FOR COMMISSION USE ONLY</b><br><br>ASB:  |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>IB</b>   |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>KNFZ972</b>  |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>500</b> FT   |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:  |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) <b>FT</b>  |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 3. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) <b>FT</b>   |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? <b>FT</b>  |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>630</b> FT  |                        |   |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |
| 16A. NAME OF NEAREST AIRCRAFT LANDING AREA:<br><b>Porter</b>  |                        | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>NW 3 Mi</b>  |                                 |                                 |                                |        |    |  |                                |  |    |  |  |  |  |  |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |   |                              |                                 |                                 |    |  |    |  |    |  |    |  |

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Expires 10/31/92

See instructions for information  
regarding public burden estimate.


## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a) 1</b>                              |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

|   |                        |   |  |
|---|------------------------|---|--|
| A. NUMBER AND STREET: (or other specific indication)<br><b>200'S of 4673 Barrington</b> |                        | B. CITY:<br><b>Austintown</b>   |  |
| C. COUNTY:<br><b>Mahoning</b>   | D. STATE:<br><b>OH</b> | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>41-04-22</b> N LONGITUDE: <b>80-44-31</b> W |  |

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO

|   |                                 |
|---|---------------------------------|
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Motorola</b> | FOR COMMISSION USE ONLY<br>ASB: |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>YX</b>               |                                 |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>KNJJ568</b>              |                                 |

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **497** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **1115** FTHOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **1115** FT14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **1115** FT15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **1115** FT16A. NAME OF NEAREST AIRCRAFT NOISE AFFECTED AREA: **Youngstown Executive** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **WSW 4.5 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY

|   |                        |   |                                |
|---|------------------------|---|--------------------------------|
| NUMBER:   |                        | SEND TO ASB: <input type="checkbox"/> YES <input type="checkbox"/> NO                                   |                                |
| FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.   |                        |   |                                |
| SECTION I-IDENTIFICATION INFORMATION  |                        |   |                                |
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |                        | 3. CALL SIGN: (If application refers to an existing Part 94 station)                                    |                                |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |                        | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)                           |                                |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |                        | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b>                          |                                |
|   |                        | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>   |                                |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |                        | 7. CLASS OF STATION: (enter code) <b>FXO</b>  |                                |
|   |                        | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a)1</b>  |                                |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) |                        |   |                                |
| 9B.   | PATH                   | ACTION  | OLD VALUE OF KEY ITEMS CHANGED |
|   | A                      | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE            | 20    30    31    32           |
|   | B                      | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE            | 20    30    31    32           |
|   | C                      | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE            | 20    30    31    32           |
|   | D                      | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE            | 20    30    31    32           |
|   | E                      | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE            | 20    30    31    32           |
| DESCRIBE ANY OTHER CHANGES:   |                        |   |                                |
| 10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |                        |   |                                |
| SECTION II-ANTENNA INFORMATION  |                        |   |                                |
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:   |                        |   |                                |
| A. NUMBER AND STREET: (or other specific indication)<br><b>Morrish Rd 1/4mi S</b>   |                        | B. CITY:<br><b>Montrose</b>   |                                |
| C. COUNTY:<br><b>Genesee</b>  | D. STATE:<br><b>MI</b> | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>43-10-23</b> N LONGITUDE: <b>83-50-04</b> W |                                |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |                        |   |                                |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT   |                        |   |                                |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Motorola C&amp;E Inc.</b>  |                        | FOR COMMISSION USE ONLY<br>ASB:   |                                |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>YB</b>   |                        |   |                                |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>KB53029</b>  |                        |   |                                |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>370</b> FT   |                        |   |                                |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.  |                        |   |                                |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT   |                        |   |                                |
| HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT |                        |   |                                |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT   |                        |   |                                |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>680</b> FT  |                        |   |                                |
| 16A. NAME OF NEAREST AIRCRAFT LANDING AREA:<br><b>Wesport</b>   |                        | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>SE 2.5 Mi</b>  |                                |

**APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

**FOR COMMISSION USE ONLY**


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 28 1993

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

**SECTION I-IDENTIFICATION INFORMATION**

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75 (a) 1</b>                             |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

**SECTION II-ANTENNA INFORMATION**

|  |   |
|--|---|
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:  |   |
| A. NUMBER AND STREET: (or other specific indication)<br><b>500 Edgefield Rd.</b>   | B. CITY:<br><b>Cedar Hill</b>                               |
| C. COUNTY:<br><b>Ellis</b>   | D. STATE:<br><b>TX</b>                                      |
| E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>32-32-44</b> N LONGITUDE: <b>96-57-57</b> W  |   |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>American900 Paging</b>  | FOR COMMISSION USE ONLY<br>ASB:                             |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>CD</b>  |   |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>KNKM569</b>   |   |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>603</b> FT  |   |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.   |   |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) <b>810</b> FT   |   |
| HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) <b>0</b> FT |   |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? <b>810</b> FT   |   |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>810</b> FT   |   |
| 16A. NAME OF NEAREST AIRCRAFT LANDING AREA:<br><b>Carroll</b>  | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>E 6 Mi</b> |

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE


## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO **FCC/MELLON JAN 28 1993**

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |      |  |  |    |    |
|---|------|--|--|----|----|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |      |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |    |    |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |      |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |    |    |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |      |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |    |    |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |      |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |    |    |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |      |  | 8. ELIGIBILITY RULE SECTION<br><b>90.75(a) 1</b>                               |    |    |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |      |  |  |    |    |
| 9B.   | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED   |    |    |
|   | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20   | 30 | 31 |
|   | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20   | 30 | 31 |
|   | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20   | 30 | 31 |
|   | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20   | 30 | 31 |
|   | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20   | 30 | 31 |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

|   |                        |   |
|---|------------------------|---|
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:   |                        |   |
| A. NUMBER AND STREET: (or other specific indication)<br><b>.3mi NE of City Limits S</b>   |                        | B. CITY:<br><b>Denton</b>   |
| C. COUNTY:<br><b>Denton</b>   | D. STATE:<br><b>TX</b> | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>33-08-18</b> N LONGITUDE: <b>97-10-30</b> W |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |                        |   |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |                        |   |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Assoc. American RRs</b>  |                        | FOR COMMISSION USE ONLY<br>ASB:   |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>GI</b>   |                        |   |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>WNKY958</b>  |                        |   |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>170</b> FT   |                        |   |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.  |                        |   |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) <b>FT</b>  |                        |   |
| 1. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) <b>FT</b> |                        |   |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? <b>FT</b>  |                        |   |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>650</b> FT  |                        |   |
| 16A. NAME OF AIRCRAFT LANDING AREA:<br><b>Red Valley</b>  |                        | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>SSW 7 Mi</b>   |

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELON JAN 23 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  | 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>                                |  |
|   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a)1</b>                               |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |    |    |    |
|-----|------|--|--------------------------------|----|----|----|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

|   |                        |   |  |
|---|------------------------|---|--|
| A. NUMBER AND STREET: (or other specific indication)<br><b>201 Main St.</b> |                        | B. CITY:<br><b>Fort Worth</b>   |  |
| C. COUNTY:<br><b>Tarrant</b>  | D. STATE:<br><b>TX</b> | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>32-45-30</b> N LONGITUDE: <b>97-19-56</b> W |  |

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☐ YES ☒ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☐ NO  
IF YES, BY HOW MANY FEET? ☐ FT

|  |                                 |
|--|---------------------------------|
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE: | FOR COMMISSION USE ONLY<br>ASB: |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:         |                                 |
| 12E. CURRENT LICENSEE'S CALL SIGN:             |                                 |

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT ☐ FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **627** FTHOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **13** FT14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **640** FT15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **547** FT16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **Meacham** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **NW 3.7 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Approved by OMB

3060-0064

Expires 10/31/92

See instructions for information  
regarding public burden estimate.

## FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 28 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |
|---|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a)1</b>                               |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |    |    |    |
|-----|------|--|--------------------------------|----|----|----|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

|   |   |   |
|---|---|---|
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:   |   |   |
| A. NUMBER AND STREET: (or other specific indication)<br><b>1100 Milam Bldg.</b>   | B. CITY:<br><b>Houston</b>                                    |   |
| C. COUNTY:<br><b>Harris</b>   | D. STATE:<br><b>TX</b>  | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>29-45-26</b> N LONGITUDE: <b>95-21-58</b> W |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   |   |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>FT   |   |   |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:  | FOR COMMISSION USE ONLY<br>ASB:                               |   |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:  |   |   |
| 12E. CURRENT LICENSEE'S CALL SIGN:  |   |   |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT ..... FT  |   |   |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:   |   |   |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) ..... <b>665</b> FT  |   |   |
| HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) ..... <b>13</b> FT |   |   |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? ..... <b>678</b> FT  |   |   |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE ..... <b>62</b> FT   |   |   |
| 16A. NAME OF NEAREST AIRCRAFT LANDING AREA:<br><b>Houston Hobby</b>   | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: <b>SE 9 Mi</b> |   |



**APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Approved by OMB  
3060-0064

Expires 10/31/92

See instructions for information  
regarding public burden estimate.

**FOR COMMISSION USE ONLY**


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 28 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

**SECTION I-IDENTIFICATION INFORMATION**

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a)1</b>                               |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

**SECTION II-ANTENNA INFORMATION**

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)

**112 Pecan St.**

B. CITY:

**San Antonio**

C. COUNTY:

**Bexar**

D. STATE:

**TX**

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: **29-25-41** N LONGITUDE: **98-29-32** W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☐ YES ☒ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☐ NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

**FOR COMMISSION USE ONLY**

12D. CURRENT LICENSEE'S RADIO SERVICE:

ASB:

12E. CURRENT LICENSEE'S CALL SIGN:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT

FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)

**557**

FT

1. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)

**13**

FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?

**570**

FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE

**653**

FT

16A. NAME OF NEAREST AIRPORT OR NAVY AIRCRAFT CARRIER AREA:

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY

**SW 6 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 23 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a)1</b>                               |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

|   |                             |   |
|---|-----------------------------|---|
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:   |                             |   |
| A. NUMBER AND STREET: (or other specific indication)<br><b>8835 HWY 71-W; 1200'W</b>  | B. CITY:<br><b>Oak Hill</b> |   |
| C. COUNTY:<br><b>Travis</b>   | D. STATE:<br><b>TX</b>      | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>30-14-58</b> N LONGITUDE: <b>97-54-08</b> W |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |                             |   |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT   |                             |   |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Pactel Paging Tex.</b>   |                             | FOR COMMISSION USE ONLY<br>ASB:   |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>CD</b>   |                             |   |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>KNKL218</b>  |                             |   |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>599</b> FT   |                             |   |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.  |                             |   |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT   |                             |   |
| 15. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT |                             |   |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT   |                             |   |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>990</b> FT  |                             |   |
| 16A. NAME OF NEAREST AIRPORT AND DRAINAGE AREA:<br><b>Robert Mueller Intl.</b>  |                             | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>NE 11 Mi</b>   |

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO


FCC/MELLON JAN 28 1993

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a) 1</b>                              |  |

## 9A. PURPOSE OF APPLICATION:

☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

## 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)

**Mt. Franklin**

B. CITY:

**El Paso**

C. COUNTY:

**El Paso**

D. STATE:

**TX**

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: **31-48-54 N** LONGITUDE: **106-29-20 W**12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

**Ellen Equipment Co**

12D. CURRENT LICENSEE'S RADIO SERVICE:

**YB**

12E. CURRENT LICENSEE'S CALL SIGN:

**WNVM855**

## FOR COMMISSION USE ONLY

ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT

**366** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)

FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)

FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?

FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE

**5748** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA:

**El Paso Int'l**

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY

**E 5.5 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE


## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO **FCC/MELLON JAN 28 1994**

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>203 347-7636</b>                    |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75 (a) 1</b>                             |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

|   |                        |   |               |
|---|------------------------|---|---------------|
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:   |                        |   |               |
| A. NUMBER AND STREET: (or other specific indication)<br><b>1300 Hildebrandt Rd.</b>   |                        | B. CITY:<br><b>Beaumont</b>   |               |
| C. COUNTY:<br><b>Jefferson</b>  | D. STATE:<br><b>TX</b> | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>30-00-05</b> N LONGITUDE: <b>94-05-35</b> W |               |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |                        |   |               |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT   |                        |   |               |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>River Service</b>  |                        | FOR COMMISSION USE ONLY<br>ASB:   |               |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>IB</b>   |                        |   |               |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>WNUX341</b>  |                        |   |               |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT   |                        |   | <b>474</b> FT |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.  |                        |   |               |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)  |                        |   | FT            |
| 3. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) |                        |   | FT            |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?  |                        |   | <b>10</b> FT  |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE  |                        |   | <b>10</b> FT  |
| 16A. <del>NAME OF PERSON</del> COUNTY: <b>Jefferson</b>   |                        | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>SE 5 Mi</b>  |               |

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY

|  |      |  |   |                        |  |
|--|------|--|---|------------------------|--|
| NUMBER:  |      | SEND TO ASB: <input type="checkbox"/> YES <input type="checkbox"/> NO                        |   | FCC/MELLON JAN 28 1992 |  |
| FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.  |      |  |   |                        |  |
| SECTION I-IDENTIFICATION INFORMATION   |      |  |   |                        |  |
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>   |      |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)                                    |                        |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>   |      |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)                           |                        |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.  |      |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b>                          |                        |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY  |      |  | 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |                        | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a)1</b> |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)                                  |      |  |   |                        |  |
| 9B.  | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED  |                        |  |
|  | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20  | 30                     | 31 32  |
|  | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20  | 30                     | 31 32  |
|  | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20  | 30                     | 31 32  |
|  | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20  | 30                     | 31 32  |
|  | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20  | 30                     | 31 32  |
| DESCRIBE ANY OTHER CHANGES:  |      |  |   |                        |  |
| 10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |      |  |   |                        |  |
| SECTION II-ANTENNA INFORMATION   |      |  |   |                        |  |
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:  |      |  |   |                        |  |
| A. NUMBER AND STREET: (or other specific indication)<br><b>3mi N Violet/Cnty 44</b>  |      |  | B. CITY:<br><b>Violet</b>   |                        |  |
| C. COUNTY:<br><b>Nueces</b>  |      | D. STATE:<br><b>TX</b>   | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>27-48-42</b> N LONGITUDE: <b>97-36-16</b> W |                        |  |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |      |  |   |                        |  |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>IF YES, BY HOW MANY FEET? <span style="float:right">FT</span>  |      |  |   |                        |  |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Fesco Inc.</b>  |      |  | FOR COMMISSION USE ONLY<br>ASB:   |                        |  |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>IS</b>  |      |  |   |                        |  |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>WSX746</b>  |      |  |   |                        |  |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <span style="float:right"><b>500</b> FT</span>   |      |  |   |                        |  |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.   |      |  |   |                        |  |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) <span style="float:right">FT</span>   |      |  |   |                        |  |
| HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) <span style="float:right">FT</span> |      |  |   |                        |  |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? <span style="float:right">FT</span>   |      |  |   |                        |  |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <span style="float:right"><b>65</b> FT</span>   |      |  |   |                        |  |
| 16A. NAME OF NEAREST AIRCRAFT LANDING AREA:<br><b>Nueces County</b>  |      |  | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>SW 5 Mi</b>  |                        |  |

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE


## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NACC/MELLON JAN 28 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a)1</b>                               |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |    |    |    |
|-----|------|--|--------------------------------|----|----|----|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

|   |                        |   |  |
|---|------------------------|---|--|
| A. NUMBER AND STREET: (or other specific indication)<br><b>3.5mi N Hwy 100 &amp; FM1575</b> |                        | B. CITY:<br><b>Los Fresnos</b>  |  |
| C. COUNTY:<br><b>Cameron</b>  | D. STATE:<br><b>TX</b> | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>26-07-25</b> N LONGITUDE: <b>97-29-38</b> W |  |

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO  
IF YES, BY HOW MANY FEET? **FT**

|   |                                 |
|---|---------------------------------|
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Murphy Farms</b> | FOR COMMISSION USE ONLY<br>ASB: |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>IB</b>                   |                                 |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>WRO492</b>                   |                                 |

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **419** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **FT**3. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **FT**14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **FT**15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **30** FT16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **Take off** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SE 4.1 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE


## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO **FCC/MELLON JAN 28 1992**

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a) 1</b>                              |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

|   |                        |   |  |
|---|------------------------|---|--|
| A. NUMBER AND STREET: (or other specific indication)<br><b>1.5mi N Galveston Court.</b> |                        | B. CITY:<br><b>Pelican Island</b>   |  |
| C. COUNTY:<br><b>Galveston</b>  | D. STATE:<br><b>TX</b> | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>29-19-28</b> N LONGITUDE: <b>94-47-08</b> W |  |

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO FT

|  |                                 |
|--|---------------------------------|
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Ardis Co.</b> | FOR COMMISSION USE ONLY<br>ASB: |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>GB</b>                |                                 |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>KNEM286</b>               |                                 |

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **559** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

3. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **5** FT16A. NUMBER OF NEAREST AIRCRAFT LANDING AREA: **501016** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SW 5.3 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 28 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT:  
New Age General Partners

3. CALL SIGN: (If application refers to an existing Part 94 station)

2. MAILING ADDRESS: (No., street, city, state, ZIP code)  
240 Bluff View Drive  
Guilford, CT 064374. LICENSEE IDENTIFICATION NUMBER: (If previously assigned  
by the Commission)5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:  
Robert W. Geist☐ Check here if you are a current Part 94 licensee and your mailing  
address, Item 2, IS NOT the address on file.5B. TELEPHONE NUMBER OF THE CONTACT:  
203 ) 347-76366. TYPE OF APPLICANT: ☐ INDIVIDUAL ☐ ASSOCIATION  
☒ PARTNERSHIP ☐ CORPORATION ☐ GOVERNMENTAL  
ENTITY7. CLASS OF STATION:  
(enter code) FXO8. ELIGIBILITY RULE SECTION:  
90.75(a) 1

9A. PURPOSE OF APPLICATION:

☒ NEW STATION☐ MODIFICATION  
(SEE 9B & 9C)☐ MODIFICATION  
WITH RENEWAL  
(SEE 9B & 9C)☐ ASSIGNMENT OF  
AUTHORIZATION☐ OTHER  
(SPECIFY) 

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)

1.15mi E of int.302/866

B. CITY:

Odessa

C. COUNTY:

Ector

D. STATE:

TX

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: 31-53-50 N LONGITUDE: 102-33-57 W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO  
IF YES, BY HOW MANY FEET? FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

Texas Pipeline Co.

12D. CURRENT LICENSEE'S RADIO SERVICE:

XY

12E. CURRENT LICENSEE'S CALL SIGN:

KWR533

## FOR COMMISSION USE ONLY

ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF  
THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING,  
ETC. MOUNTED ON IT 519 FT14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER  
TOWER, SMOKE STACK, ETC.14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY  
ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER  
(OR POLE) FT9. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS,  
ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR  
POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 3093 FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA:

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: ENE 10.5 Mi



**APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Approved by OMB

3060-0064

Expires 10/31/92

See instructions for information  
regarding public burden estimate.

**FOR COMMISSION USE ONLY**


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 28 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

**SECTION I-IDENTIFICATION INFORMATION**

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a) 1</b>                              |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION                       |                                 |                                 | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |
|-----|------|------------------------------|---------------------------------|---------------------------------|--------------------------------|--|----|--|----|--|----|
|     | A    | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |
|     | B    | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |
|     | C    | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |
|     | D    | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |
|     | E    | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

**SECTION II-ANTENNA INFORMATION**

|  |  |
|--|--|
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:  |  |
| A. NUMBER AND STREET: (or other specific indication)<br><b>Hand Rd.</b>  | B. CITY:<br><b>Victoria</b>                                    |
| C. COUNTY:<br><b>Victoria</b>  | D. STATE:<br><b>TX</b>   |
| E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>28-46-03</b> N LONGITUDE: <b>96-59-11</b> W  |  |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT  |  |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Otis Engineering</b>  | FOR COMMISSION USE ONLY<br>ASB:                                |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>IS</b>  |  |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>KGH672</b>  |  |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>520</b> FT  |  |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.   |  |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT  |  |
| 14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT |  |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT  |  |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>48</b> FT  |  |
| 16A. NAME OF NEAREST AIRPORT AND LANDING AREA:<br><b>Victoria Regional</b>   | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>SW 2.3 Mi</b> |

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 28 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.


## SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT:  
New Age General Partners

3. CALL SIGN: (If application refers to an existing Part 94 station)

2. MAILING ADDRESS: (No., street, city, state, ZIP code)  
240 Bluff View Drive  
Guilford, CT 064374. LICENSEE IDENTIFICATION NUMBER: (If previously assigned  
by the Commission)5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:  
Robert W. Geist☐ Check here if you are a current Part 94 licensee and your mailing  
address, Item 2, IS NOT the address on file.5B. TELEPHONE NUMBER OF THE CONTACT:  
(203) 347-76366. TYPE OF APPLICANT: ☐ INDIVIDUAL ☐ ASSOCIATION  
☒ PARTNERSHIP ☐ CORPORATION ☐ GOVERNMENTAL  
ENTITY7. CLASS OF STATION:  
(enter code) FXO8. ELIGIBILITY RULE SECTION:  
90.75(a)1

9A. PURPOSE OF APPLICATION:

☒ NEW STATION☐ MODIFICATION  
(SEE 9B & 9C)☐ MODIFICATION  
WITH RENEWAL  
(SEE 9B & 9C)☐ ASSIGNMENT OF  
AUTHORIZATION☐ OTHER  
(SPECIFY) 

9B. PATH ACTION

OLD VALUE OF KEY ITEMS CHANGED

| 9B. | PATH | ACTION   | 20 | 30 | 31 | 32 |
|-----|------|--|----|----|----|----|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20 | 30 | 31 | 32 |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20 | 30 | 31 | 32 |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20 | 30 | 31 | 32 |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20 | 30 | 31 | 32 |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20 | 30 | 31 | 32 |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)  
1801 California St.B. CITY:  
DenverC. COUNTY:  
DenverD. STATE:  
COE. COORDINATES: (Degrees, Minutes, Seconds)  
LATITUDE: 39-44-28 N LONGITUDE: 104-59-21 W12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☐ YES ☒ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☐ NO  
FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

FOR COMMISSION USE ONLY

12D. CURRENT LICENSEE'S RADIO SERVICE:

ASB:

12E. CURRENT LICENSEE'S CALL SIGN:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF  
THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING,  
ETC. MOUNTED ON IT ..... FT14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER  
TOWER, SMOKE STACK, ETC.:14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY  
ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER  
(OR POLE) ..... 580 FTHOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS,  
ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR  
POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) ..... 13 FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? ..... 593 FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE ..... 5224 FT

16A. NEAREST AIRPORT LANDING AREA:

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY ENE 5 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY

|   |      |  |  |                        |   |
|---|------|--|--|------------------------|---|
| NUMBER:   |      | SEND TO ASB: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO             |  | FCC/MELLON JAN 28 1992 |   |
| FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.   |      |  |  |                        |   |
| SECTION I-IDENTIFICATION INFORMATION  |      |  |  |                        |   |
| 1. NAME OF APPLICANT:<br>New Age General Partners   |      |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)                       |                        |   |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br>240 Bluff View Drive<br>Guilford, CT 06437  |      |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)              |                        |   |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |      |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br>Robert W. Geist                    |                        |   |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |      |  | 7. CLASS OF STATION:<br>(enter code) FXO   |                        | 8. ELIGIBILITY RULE SECTION:<br>90.75(a)1 |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) |      |  |  |                        |   |
| 9B.   | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED   |                        |   |
|   | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20   | 30                     | 31 32                                     |
|   | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20   | 30                     | 31 32                                     |
|   | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20   | 30                     | 31 32                                     |
|   | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20   | 30                     | 31 32                                     |
|   | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20   | 30                     | 31 32                                     |
| DESCRIBE ANY OTHER CHANGES:   |      |  |  |                        |   |
| 10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |      |  |  |                        |   |
| SECTION II-ANTENNA INFORMATION  |      |  |  |                        |   |
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:   |      |  |  |                        |   |
| A. NUMBER AND STREET: (or other specific indication)<br>Little Farnsworth Peak  |      |  | B. CITY:<br>Salt Lake City   |                        |   |
| C. COUNTY:<br>Salt Lake   |      | D. STATE:<br>UT  | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: 40-39-11 N LONGITUDE: 112-12-06 W |                        |   |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |      |  |  |                        |   |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT   |      |  |  |                        |   |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br>Mc Neil Const.  |      |  | FOR COMMISSION USE ONLY<br>ASB:  |                        |   |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br>GB  |      |  |  |                        |   |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br>WNP975  |      |  |  |                        |   |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 150 FT  |      |  |  |                        |   |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:  |      |  |  |                        |   |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT   |      |  |  |                        |   |
| HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT |      |  |  |                        |   |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT   |      |  |  |                        |   |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 8850 FT  |      |  |  |                        |   |
| 16A. NAME OF NEAREST AIRCRAFT LANDING AREA:<br>Salt Lake Int'l  |      |  | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NE 13 Mi                                     |                        |   |

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Approved by OMB

3060-0064

Expires 10/31/92

See instructions for information  
regarding public burden estimate.

## FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC/MELLON JAN 28 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |   |  |
|---|--|---|--|
| 1. NAME OF APPLICANT:<br>New Age General Partners   |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)          |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br>240 Bluff View Drive<br>Guilford, CT 06437  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission) |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br>Robert W. Geist       |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br>203 )347-7636                         |  |
| 7. CLASS OF STATION:<br>(enter code) FXO  |  | 8. ELIGIBILITY RULE SECTION:<br>90.75(a) 1                                    |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |   |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

|  |                 |   |  |
|--|-----------------|---|--|
| A. NUMBER AND STREET: (or other specific indication)<br>100 N Broadway |                 | B. CITY:<br>Oklahoma City   |  |
| C. COUNTY:<br>Oklahoma   | D. STATE:<br>OK | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: 35-28-06 N LONGITUDE: 97-30-51 W |  |

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... ☐ YES ☒ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☐ NO  
FT

|  |                                 |
|--|---------------------------------|
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE: | FOR COMMISSION USE ONLY<br>ASB: |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:         |                                 |
| 12E. CURRENT LICENSEE'S CALL SIGN:             |                                 |

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT ..... FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) ..... 493 FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) ..... 13 FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? ..... 506 FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE ..... 1196 FT

16A. NAME OF ROADS AIRPORT OR SURROUNDING AREA: 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY SW 6 Mi

**APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

**FOR COMMISSION USE ONLY**


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

SC/MELLON JAN 28 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

**SECTION I-IDENTIFICATION INFORMATION**

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a) 1</b>                              |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |    |    |    |
|-----|------|--|--------------------------------|----|----|----|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             | 30 | 31 | 32 |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

**SECTION II-ANTENNA INFORMATION**

|  |   |
|--|---|
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:  |   |
| A. NUMBER AND STREET: (or other specific indication)<br><b>5810 Skelly</b>   | B. CITY:<br><b>Tulsa</b>  |
| C. COUNTY:<br><b>Tulsa</b>   | D. STATE: <b>OK</b> E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>36-06-09 N</b> LONGITUDE: <b>95-54-38 W</b> |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:   | FOR COMMISSION USE ONLY<br>ASB:   |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:   |   |
| 12E. CURRENT LICENSEE'S CALL SIGN:   |   |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT ..... FT   |   |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:  |   |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) ..... 263 FT  |   |
| HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) ..... 13 FT |   |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? ..... 276 FT  |   |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE ..... 768 FT  |   |
| 16A. TYPE OF CRAFT LANDING AREA:   | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>NE 5.5 Mi</b>  |

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 28 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |   |  |
|---|--|---|--|
| 1. NAME OF APPLICANT:<br>New Age General Partners   |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)          |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br>240 Bluff View Drive<br>Guilford, CT 06437  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission) |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br>Robert W. Geist       |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br>203 )347-7636                         |  |
| 7. CLASS OF STATION:<br>(enter code) FXO  |  | 8. ELIGIBILITY RULE SECTION:<br>90.75(a)1                                     |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |   |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)

1416 Dodge St.

B. CITY:

Omaha

C. COUNTY:

Douglas

D. STATE:

NE

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: 41-15-36 N LONGITUDE: 95-56-06 W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... ☐ YES ☒ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☐ NO  
IF YES, BY HOW MANY FEET? .....

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

FOR COMMISSION USE ONLY

ASB:

12D. CURRENT LICENSEE'S RADIO SERVICE:

12E. CURRENT LICENSEE'S CALL SIGN:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT .....

FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) .....

180

FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) .....

13

FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? .....

193

FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE .....

1035

FT

16A. MAP TO NEAREST AIRPORT LANDING AREA:

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NE 3.5 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE


## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO **CC/MELLON JAN 28 1992**

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a) 1</b>                              |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

|   |                        |  |  |
|---|------------------------|--|--|
| A. NUMBER AND STREET: (or other specific indication)<br><b>Lot 7P, Sandia Crest</b> |                        | B. CITY:<br><b>Albuquerque</b>   |  |
| C. COUNTY:<br><b>Bernalillo</b>   | D. STATE:<br><b>NM</b> | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>35-12-51</b> N LONGITUDE: <b>106-27-02</b> W |  |

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO **FT**

|   |                                 |
|---|---------------------------------|
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Motorola</b> | FOR COMMISSION USE ONLY<br>ASB: |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>YX</b>               |                                 |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>KNJH980</b>              |                                 |

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **80** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **FT**14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **FT**14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **FT**15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **10480** FT16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **Corona** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **WSW 6.5 Mi**

# APPLICATION FOR STATION AUTHORIZATION IN THE PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

See instructions for information  
regarding public burden estimate.

## FOR COMMISSION USE ONLY


FILE NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON FEB 04 1991

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

|   |  |   |  |
|---|--|---|--|
| 1. NAME OF APPLICANT:<br>New Age General Partners   |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)          |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br>240 Bluff View Drive<br>Guilford, CT 06437  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission) |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br>Robert W. Geist       |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY<br><input checked="" type="checkbox"/> PARTNERSHIP   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br>(203) 347-7636                        |  |
| 7. CLASS OF STATION:<br>(enter code) FXO  |  | 8. ELIGIBILITY RULE SECTION:<br>90.75(a) 1                                    |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |   |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

|  |   |
|--|---|
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:  |   |
| A. NUMBER AND STREET: (or other specific indication)<br>Black Mountain   | B. CITY:<br>Henderson                                   |
| C. COUNTY:<br>Clark  | D. STATE:<br>NV   |
| E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: 36-00-30 N LONGITUDE: 115-00-20 W   |   |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br>Nastri, Lisa   | FOR COMMISSION USE ONLY<br>ASB:                         |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br>YX   |   |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br>KNHQ746  |   |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 90 FT  |   |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:   |   |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT  |   |
| 14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT |   |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT  |   |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 3337 FT   |   |
| 16A. NEAREST AIRPORT AND LANDING AREA:   | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NW 7.5 Mi |



# APPLICATION FOR STATION AUTHORIZATION IN THE PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

See instructions for information  
regarding public burden estimate

## FOR COMMISSION USE ONLY


FILE NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON FEB 04

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

### SECTION I-IDENTIFICATION INFORMATION

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF APPLICANT:<br><b>New Age General Partners</b>  |  | 3. CALL SIGN: (If application refers to an existing Part 94 station)           |  |
| 2. MAILING ADDRESS: (No., street, city, state, ZIP code)<br><b>240 Bluff View Drive<br/>Guilford, CT 06437</b>  |  | 4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)  |  |
| <input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.   |  | 5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:<br><b>Robert W. Geist</b> |  |
| 6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION<br><input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY   |  | 5B. TELEPHONE NUMBER OF THE CONTACT:<br><b>(203) 347-7636</b>                  |  |
| 7. CLASS OF STATION:<br>(enter code) <b>FXO</b>   |  | 8. ELIGIBILITY RULE SECTION:<br><b>90.75(a) 1</b>                              |  |
| 9A. PURPOSE OF APPLICATION:<br><input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)  |  |  |  |

| 9B. | PATH | ACTION   | OLD VALUE OF KEY ITEMS CHANGED |  |    |  |    |  |    |  |
|-----|------|--|--------------------------------|--|----|--|----|--|----|--|
|     | A    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | B    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | C    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | D    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |
|     | E    | <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | 20                             |  | 30 |  | 31 |  | 32 |  |

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

### SECTION II-ANTENNA INFORMATION

|   |   |  |
|---|---|--|
| 11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:   |   |  |
| A. NUMBER AND STREET: (or other specific indication)<br><b>Bear Mountain</b>  |   | B. CITY:<br><b>Sqaw Valley</b>   |
| C. COUNTY:<br><b>Fresno</b>   | D. STATE:<br><b>CA</b>  | E. COORDINATES: (Degrees, Minutes, Seconds)<br>LATITUDE: <b>36-44-43</b> N LONGITUDE: <b>119-17-01</b> W |
| 12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |   |  |
| 12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   |  |
| 12C. NAME OF CURRENT LICENSEE USING STRUCTURE:<br><b>Pagemart, Inc.</b>   | FOR COMMISSION USE ONLY<br>ASB:                                 |  |
| 12D. CURRENT LICENSEE'S RADIO SERVICE:<br><b>GS</b>   |   |  |
| 12E. CURRENT LICENSEE'S CALL SIGN:<br><b>WNSF306</b>  |   |  |
| 13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>65</b> FT  |   |  |
| 14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.  |   |  |
| 14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)  |   |  |
| 14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) |   |  |
| 14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? <b>3280</b> FT   |   |  |
| 15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>3280</b> FT   |   |  |
| 16A. NAME OF NEAREST AIRCRAFT LANDING AREA  | 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>SSE 13.5 M</b> |  |